SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

	FOR LINE NUMBER:					PAGE		7	OF	17	
Use separate schedule(s) for each category of the	(check only one)										
Detailed Summary Page	<u>></u>	11a		11b		11c		12		_	
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	Statements may not be sold or used by any perse e name and address of any political committee t	
NAME OF COMMITTEE (In Full) THMCarePAC		
Full Name (Last, First, Middle Initial) Richard McCormick Mailing Address 1235 Thorntree Drive City Dyersburg FEC ID number of contributing federal political committee. Name of Employer Northbrooke Health Care Receipt For: Primary General Other (specify)	State Zip Code TN 38024 C Occupation Administrator Aggregate Year-to-Date ▼ 1440.00	Date of Receipt 12 31 2015 Transaction ID: SA11AI.5026 Amount of Each Receipt this Period 720.00 Contribution
Full Name (Last, First, Middle Initial) Julie Roberts Mailing Address 2442 East Grove Road City Gleason FEC ID number of contributing federal political committee. Name of Employer McKenzie Health Care Receipt For: Primary General Other (specify)	State Zip Code TN 38229 C Occupation Administrator Aggregate Year-to-Date ▼ 600.00	Date of Receipt 12 31 2015 Transaction ID : SA11AI.5025 Amount of Each Receipt this Period 300.00 Contribution
Full Name (Last, First, Middle Initial) Torrey Sheppard Mailing Address 813 South Dickerson Road City Goodlettsville FEC ID number of contributing federal political committee. Name of Employer Vanco Health Care and Rehabili Receipt For: Primary General Other (specify)	State Zip Code TN 37072 C Occupation Administrator Aggregate Year-to-Date ▼ 480.00	Date of Receipt 12 31 2015 Transaction ID: SA11Al.5027 Amount of Each Receipt this Period 240.00 Contribution
SUBTOTAL of Receipts This Page (optional)	>	1260.00
TOTAL This Period (last page this line number	only)	